GA Medicaid FFS/PeachCare for Kids

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PAYER SPECIFICATION SHEET
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Bin #: 001553
States: All GA willing Providers
Destination: SXC Health Solutions / RxCLAIM
Accepting: Claim Billing, Claim Rebill, and Claim Reversals
Format: NCPDP Version D.Ø
Effective: 1/1/2012

**** Start of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet****

FIELD LEGEND FOR COLUMNS			
Payer Usage Column	**Value**	**Explanation**	**Payer Situation Column**
MANDATORY	**M**	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	**R**	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	**RW**	“Required when”. The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

CLAIM BILLING/CLAIM REBILL TRANSACTION

Transaction Header Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	Required for B1 & B3 Transactions.

	Transaction Header Segment			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	ØØ1553	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1,B2, or B3 only	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	GAM	M	
1Ø9-A9	TRANSACTION COUNT	Up to 4 allowed	M	Ø1 – Ø4 (up to 4 transactions per B1 & B3 transmission) accepted; Only Ø1 for B2 transaction
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 National Provider ID (NPI)	M	
2Ø1-B1	SERVICE PROVIDER ID	National Provider ID (NPI)	M	
4Ø1-D1	DATE OF SERVICE	CCYYMMDD	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Use value for Switch's requirements.	M	If submitting claim without a Switch, populate with blanks.

Insurance Segment	Check	Claim Billing/Claim Rebill
This Segment is situational	X	Required for B1 & B3 Transactions

Insurance Segment Segment Identification (111-AM) = "Ø4"				Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø2-C2	CARDHOLDER ID	Enter member's 12 digit ID from Medicaid ID card	M	*Payer Requirement:* Required
312-CC	CARDHOLDER FIRST NAME		RW	*Payer Requirement:* Not required, captured if sent
313-CD	CARDHOLDER LAST NAME		RW	*Payer Requirement:* Not required, captured if sent
314-CE	HOME PLAN		RW	*Payer Requirement:* Not required, captured if sent
524-FO	PLAN ID		RW	*Payer Requirement:* Not required, captured if sent
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE		RW	*Payer Requirement:* Not required, captured if sent

Insurance Segment Segment Identification (111-AM) = "Ø4"				Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø1-C1	GROUP ID		RW	*Payer Requirement:* Not required, captured if sent
3Ø3-C3	PERSON CODE		RW	*Payer Requirement:* Not required, captured if sent
3Ø6-C6	PATIENT RELATIONSHIP CODE		RW	*Payer Requirement:* Not required, captured if sent

Patient Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	Required for B1 & B3 Transactions

Patient Segment Segment Identification (111-AM) = "Ø1"				Claim Billing/Claim Rebill
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
331-CX	PATIENT ID QUALIFIER		RW	*Payer Requirement:* Not required, captured if sent
332-CY	PATIENT ID		RW	*Payer Requirement:* Not required, captured if sent
3Ø4-C4	DATE OF BIRTH		R	*Payer Requirement:* Required
3Ø5-C5	PATIENT GENDER CODE		RW	*Payer Requirement:* Not required, captured if sent
31Ø-CA	PATIENT FIRST NAME		RW	*Payer Requirement:* Not required, captured if sent
311-CB	PATIENT LAST NAME		RW	*Payer Requirement:* Not required, captured if sent
322-CM	PATIENT STREET ADDRESS		RW	*Payer Requirement:* Not required, captured if sent
323-CN	PATIENT CITY ADDRESS		RW	*Payer Requirement:* Not required, captured if sent
324-CO	PATIENT STATE / PROVINCE ADDRESS		RW	*Payer Requirement:* Not required, captured if sent
325-CP	PATIENT ZIP/POSTAL ZONE		RW	*Payer Requirement:* Not required, captured if sent
326-CQ	PATIENT PHONE NUMBER		RW	*Payer Requirement:* Not required, captured if sent
333-CZ	EMPLOYER ID		RW	*Payer Requirement:* Not required, captured if sent
335-2C	PREGNANCY INDICATOR		RW	*Payer Requirement:* Not required, captured if sent
384-4X	PATIENT RESIDENCE		RW	*Payer Requirement:* Not required, captured if sent

Claim Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	Required for B1 & B3 Transactions
This payer supports partial fills		

Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). *Payer Requirement:* Only value of "1" is accepted
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	*Payer Requirement:* Supports 12-digit Rx# Example: ØØØØØ1234567 (leading zeros)
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø1 – UPC Ø2 – HRI Ø3 – NDC	M	*Payer Requirement:* Ø1 – Universal Product Code (UPC) Ø2 – Health Related Item (HRI) Ø3 – National Drug Code (NDC)
4Ø7-D7	PRODUCT/SERVICE ID		M	*Payer Requirement:* 12-digit UPC Code 10-digit HRI Number 11-digit NDC Number
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	*Imp Guide:* Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.

Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		RW	*Imp Guide:* Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if Associated Prescription/Service Reference Number (456-EN) is used. Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.
458-SE	PROCEDURE MODIFIER CODE COUNT	Maximum count of 1Ø.	RW	*Imp Guide:* Required if Procedure Modifier Code (459-ER) is used. *Payer Requirement:* Not required, captured if sent
459-ER	PROCEDURE MODIFIER CODE		RW	*Imp Guide:* Required to define a further level of specificity if the Product/Service ID (4Ø7-D7) indicated a Procedure Code was submitted. *Payer Requirement:* Not required, captured if sent
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	1 – Not a Compound 2 – Compound	R	*Payer Requirement:* Use "1" if product not a compound or "2" if product is a compound
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	Ø – No Product Selection Indicated 1 – Substitution Not Allowed by Prescriber	R	*Payer Requirement:* Use '1' only for limited products. Do not use 2, 3, 4, 5, 6, 7, 8 or 9
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		RW	*Payer Requirement:* Not required, captured if sent

Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
419-DJ	PRESCRIPTION ORIGIN CODE	Ø – Not Known 1 – Written 2 – Telephone 3 – Electronic 4 – Facsimile 5 – Pharmacy	R	*Payer Requirement:* Required
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	*Imp Guide:* Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	SUBMISSION CLARIFICATION CODE	Ø8 – Process Compound For Approved Ingredients	RW	*Imp Guide:* Required if clarification is needed and value submitted is greater than zero (Ø). *Payer Requirement:* Ø8=Process compound for Approved Ingredients
3Ø8-C8	OTHER COVERAGE CODE	Ø – Not Specified 1 – No other coverage 2 – Other coverage exists-payment collected 3 – Other Coverage Billed – claim not covered 4 – Other coverage exists – payment not collected 8 – Claim is billing for patient financial responsibility only (co-pay/coinsurance)	RW	*Imp Guide:* Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits.
429-DT	SPECIAL PACKAGING INDICATOR		RW	*Payer Requirement:* Not required, captured if sent
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER		RW	*Imp Guide:* Required if Originally Prescribed Product/Service Code (455-EA) is used.
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE		RW	*Imp Guide:* Required if the receiver requests association to a therapeutic, or a preferred product substitution, or when a DUR alert has been resolved by changing medications, or an alternative service than what was originally prescribed.

Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
446-EB	ORIGINALLY PRESCRIBED QUANTITY		RW	*Imp Guide:* Required if the receiver requests reporting for quantity changes due to a therapeutic substitution that has occurred or a preferred product/service substitution that has occurred, or when a DUR alert has been resolved by changing quantities.
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		RW	*Payer Requirement:* Not required, captured if sent
6ØØ-28	UNIT OF MEASURE		RW	*Payer Requirement:* Not required, captured if sent
418-DI	LEVEL OF SERVICE		RW	*Payer Requirement:* Not required, captured if sent
461-EU	PRIOR AUTHORIZATION TYPE CODE	Ø4 – Exemption from Copay and/or Coinsurance Ø8 – Payer Defined Exemption	RW	*Payer Requirement:* Ø4 – Emergency Fill Indication* Ø4 – New Nursing Facility Members* Ø4 – Newly DX Pregnant Women* Ø8 – Member is diagnosed with Breast or Cervical Cancer* *Note: 462-EV must be submitted with a following appropriate code
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	*Payer Requirement:* 99888 – Emergency Fill Indication 11111 – New Nursing Home Indicator 22222 – Newly DX pregnant woman ØØØØØ – Breast or Cervical Cancer diagnosis
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID		RW	*Imp Guide:* Required for overriding an authorized intermediary system edit when the pharmacy participates with an intermediary. Required if Intermediary Authorization ID (464-EX) is used.
464-EX	INTERMEDIARY AUTHORIZATION ID		RW	*Imp Guide:* Required for overriding an authorized intermediary system edit when the pharmacy participates with an intermediary.
343-HD	DISPENSING STATUS		RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription.

Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription.
995-E2	ROUTE OF ADMINISTRATION		RW	*Payer Requirement:* Required if 4Ø6-D6 Compound Code is a "2"

Pricing Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	Required for B1 & B3 Transactions

Pricing Segment Segment Identification (111-AM) = "11"				Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
4Ø9-D9	INGREDIENT COST SUBMITTED		R	*Payer Requirement:* Required
412-DC	DISPENSING FEE SUBMITTED		R	*Payer Requirement:* Required
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	*Payer Requirement:* Not required, captured if sent
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	*Payer Requirement:* Not required, captured if sent
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.	RW	*Imp Guide:* Required if Other Amount Claimed Submitted Qualifier (479-H8) is used. *Payer Requirement:* Not required, captured if sent
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		RW	*Imp Guide:* Required if Other Amount Claimed Submitted (48Ø-H9) is used. *Payer Requirement:* Not required, captured if sent
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	*Payer Requirement:* Not required, captured if sent
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	*Payer Requirement:* Required in applicable locations.
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	*Payer Requirement:* Required in applicable locations.
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	*Imp Guide:* Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used.

Pricing Segment Segment Identification (111-AM) = "11"				Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	*Imp Guide:* Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used.
426-DQ	USUAL AND CUSTOMARY CHARGE		R	*Payer Requirement:* Required
43Ø-DU	GROSS AMOUNT DUE		R	*Payer Requirement:* Required
423-DN	BASIS OF COST DETERMINATION		RW	*Payer Requirement:* Not required, captured if sent
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED		RW	*Payer Requirement:* Not required, captured if sent

Pharmacy Provider Segment	Check	Claim Billing/Claim Rebill
This Segment is situational – Not required	X	**Required for B1 & B3 Transactions**

Pharmacy Provider Segment Segment Identification (111-AM) = "Ø2"				Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
465-EY	PROVIDER ID QUALIFIER		RW	*Imp Guide:* Required if Provider ID (444-E9) is used. *Payer Requirement:* Not required, captured if sent
444-E9	PROVIDER ID		RW	*Payer Requirement:* Not required, captured if sent

Prescriber Segment	Check	Claim Billing/Claim Rebill
This Segment is situational	X	Required for B1 & B3 Transactions

Prescriber Segment Segment Identification (111-AM) = "Ø3"				Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
466-EZ	PRESCRIBER ID QUALIFIER	Ø1 – NPI	R	*Imp Guide:* Required if Prescriber ID (411-DB) is used. *Payer Requirement:* Required.- Use only Ø1 National Provider ID (NPI)
411-DB	PRESCRIBER ID		R	*Payer Requirement:* National Provider ID (NPI) – Required
427-DR	PRESCRIBER LAST NAME		RW	*Payer Requirement:* Not required, captured if sent
498-PM	PRESCRIBER PHONE NUMBER		RW	*Payer Requirement:* Not required, captured if sent
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER		RW	*Payer Requirement:* Not required, captured if sent
421-DL	PRIMARY CARE PROVIDER ID		RW	*Payer Requirement:* Not required, captured if sent
47Ø-4E	PRIMARY CARE PROVIDER LAST NAME		RW	*Payer Requirement:* Not required, captured if sent

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is situational	X	Required for secondary and tertiary claims.
		Required for B1 & B3 Transactions
Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		
Scenario 1 - Other Payer Amount Paid Repetitions Only	X	**See appendix for segment specifics**
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions	X	**See appendix for segment specifics**

DUR/PPS Segment	Check	Claim Billing/Claim Rebill
This Segment is situational	X	

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"				Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	*Imp Guide:* Required if DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE		RW	*Payer Requirement:* Required if segment used.
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	*Payer Requirement:* Required if segment used.
441-E6	RESULT OF SERVICE CODE		RW	*Payer Requirement:* Required if segment used.
474-8E	DUR/PPS LEVEL OF EFFORT		RW	*Payer Requirement:* Complete if present
475-J9	DUR CO-AGENT ID QUALIFIER	Ø1 – Universal Product Code (UPC) Ø2 – Health Related Item (HRI) Ø3 – National Drug Code (NDC) 2Ø – International Classification of Diseases (ICD9)	RW	*Imp Guide:* Required if DUR Co-Agent ID (476-H6) is used. *Payer Requirement:* Not required. Values Ø1, Ø2, Ø3, and 2Ø accepted
476-H6	DUR CO-AGENT ID		RW	*Payer Requirement:* Complete if present. Encouraged if code DC, DD, ID, MC, TD in 439-E4

Compound Segment	Check	Claim Billing/Claim Rebill
This Segment is situational	X	Use when Compound Code (4Ø6-D6) value of 2 is sent in the Claim Segment
		Required for B1 & B3 Transactions

Compound Segment Segment Identification (111-AM) = "1Ø"				Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	Ø1 – Capsule Ø2 – Ointment Ø3 – Cream Ø4 – Suppository Ø5 – Powder Ø6 – Emulsion Ø7 – Liquid 1Ø – Tablet 11 – Solution 12 – Suspension 13 – Lotion 14 – Shampoo 15 – Elixir 16 – Syrup 17 – Lozenge 18 – Enema	M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	1 – Each 2 – Grams 3 – Milliliters	M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	*Payer Requirement:* Count of compound product IDs (both active and inactive) in the compound mixture submitted.
488-RE	COMPOUND PRODUCT ID QUALIFIER	Ø3 – National Drug Code (NDC)	M	*Payer Requirement:* Ø3 – NDC Required
489-TE	COMPOUND PRODUCT ID		M	*Payer Requirement:* NDC of each ingredient
448-ED	COMPOUND INGREDIENT QUANTITY		M	*Payer Requirement:* Quantity of each ingredient
449-EE	COMPOUND INGREDIENT DRUG COST		R	*Payer Requirement:* Required

Compound Segment Segment Identification (111-AM) = "1Ø"				Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	ØØ – Default Ø1 – AWP (Average Wholesale Price) Ø2 – Local Wholesaler Ø3 – Direct Ø4 – EAC (Estimated Acquisition Cost) Ø5 – Acquisition Ø6 – MAC (Maximum Allowable Cost) Ø7 – Usual & Customary Ø8 – 34ØB Price Ø9 – Other 1Ø – ASP (Average Sales Price) 11 – AMP (Average Manufacturer Price) 12 – WAC (Wholesale Acquisition Cost) 13 – Special Patient Pricing	R	*Payer Requirement:* Required
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Maximum count of 1Ø.	RW	*Payer Requirement:* Not required, captured if sent
363-2H	COMPOUND INGREDIENT MODIFIER CODE		RW	*Payer Requirement:* Not required, captured if sent

Clinical Segment	Check	Claim Billing/Claim Rebill
This Segment is situational	X	**Only for B1 or B3 Transactions if required for specific claim.**

Clinical Segment Segment Identification (111-AM) = "13"				Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	RW	*Imp Guide:* Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	DIAGNOSIS CODE QUALIFIER	Ø1=International Classification of Diseases (ICD9)	RW	*Imp Guide:* Required if Diagnosis Code (424-DO) is used. *Payer Requirement:* Value Ø1=International Classification of Diseases (ICD9) accepted

Clinical Segment Segment Identification (111-AM) = "13"				Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
424-DO	DIAGNOSIS CODE		RW	*Payer Requirement:* Effective 10/01/11, submit the ICD-9 code of 299.0 for pediatric members ages 5-16 using risperidone for irritability associated with autism.

Appendix

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is situational	X	Required for secondary and tertiary claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only	X	
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions		

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"				Claim Billing/Claim Rebill
Scenario 1 - Other Payer Amount Paid Repetitions Only Use when Other Coverage Code (3Ø8-C8) value of 2, 3, or 4 is sent in the Claim Segment				
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 3.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	Ø1 if other payer was Primary Ø2 if other payer was Secondary Ø3 if other payer was Tertiary
339-6C	OTHER PAYER ID QUALIFIER		RW	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement:* Complete if present
34Ø-7C	OTHER PAYER ID		RW	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication. *Payer Requirement:* Complete if present

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"				Claim Billing/Claim Rebill
Scenario 1 - Other Payer Amount Paid Repetitions Only Use when Other Coverage Code (3Ø8-C8) value of 2, 3, or 4 is sent in the Claim Segment				
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
443-E8	OTHER PAYER DATE		RW	*Imp Guide:* Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. *Payer Requirement:* Required if segment is used with (3Ø8-C8) Other Coverage Code 2, 3, and 4
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	RW	*Imp Guide:* Required if Other Payer Amount Paid Qualifier (342-HC) is used. *Payer Requirement* Required if (3Ø8-C8) Other Coverage Code is 2; # of claims paid
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		RW	*Imp Guide:* Required if Other Payer Amount Paid (431-DV) is used. *Payer Requirement* Required if (3Ø8-C8) Other Coverage Code is 2
431-DV	OTHER PAYER AMOUNT PAID		RW	*Imp Guide:* Required if other payer has approved payment for some/all of the billing. *Payer Requirement* Required if (3Ø8-C8) Other Coverage Code is 2; COB amount
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used. *Payer Requirement:* Complete if present
472-6E	OTHER PAYER REJECT CODE		RW	*Imp Guide:* Required when the other payer has denied the payment for the billing. *Payer Requirement:* Complete if present

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is situational	X	Required for secondary and tertiary claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only		
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions	X	

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"				Claim Billing/Claim Rebill
Scenario 2- Other Payer-Patient Responsibility Amount Repetitions Use when Other Coverage Code (3Ø8-C8) value of 3 or 8 is sent in the Claim Segment				
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 3	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	Ø1 if other payer was Primary Ø2 if other payer was Secondary Ø3 if other payer was Tertiary
339-6C	OTHER PAYER ID QUALIFIER		RW	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement:* Complete if present
34Ø-7C	OTHER PAYER ID		RW	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication. *Payer Requirement:* Complete if present
443-E8	OTHER PAYER DATE		RW	*Imp Guide:* Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. *Payer Requirement:* Required if segment is used with (3Ø8-C8) Other Coverage Code 3 and 8
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used. *Payer Requirement:* Complete if present

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"				Claim Billing/Claim Rebill
Scenario 2- Other Payer-Patient Responsibility Amount Repetitions Use when Other Coverage Code (3Ø8-C8) value of 3 or 8 is sent in the Claim Segment				
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
472-6E	OTHER PAYER REJECT CODE		RW	*Imp Guide:* Required when the other payer has denied the payment for the billing. *Payer Requirement:* Complete if present
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. *Payer Requirement:* Required if (3Ø8-C8) Other Coverage Code is 8

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"				Claim Billing/Claim Rebill
Scenario 2- Other Payer-Patient Responsibility Amount Repetitions Use when Other Coverage Code (3Ø8-C8) value of 3 or 8 is sent in the Claim Segment				
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Ø5 - Amount of Copay (518-FI) as reported by previous payer. Code indicating that the following dollar amount is the amount of the patient responsibility applied to the patient's plan co-pay liability by another/previous payer. Ø6 - Patient Pay Amount (5Ø5-F5) as reported by previous payer. Used to indicate the provider is submitting the amount reported by a prior payer as the patient's responsibility. Ø7 - Amount of Coinsurance (572-4U) as reported by previous payer. Coinsurance is a form of cost sharing that holds the patient responsible for a dollar amount based on a percentage for each product/service received and regardless of the patient's current benefit status, product selection or network selection.	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. *Payer Requirement:* Required if (3Ø8-C8) Other Coverage Code is 8

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"				Claim Billing/Claim Rebill
Scenario 2- Other Payer-Patient Responsibility Amount Repetitions Use when Other Coverage Code (3Ø8-C8) value of 3 or 8 is sent in the Claim Segment				
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	*Imp Guide:* Required if necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Required if (3Ø8-C8) Other Coverage Code is 8; co-pay or coinsurance from COB
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.	RW	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:* Not required, captured if sent
393-MV	BENEFIT STAGE QUALIFIER		RW	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:* Not required, captured if sent
394-MW	BENEFIT STAGE AMOUNT		RW	*Imp Guide:* Required if the previous payer has financial amounts that apply to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Not required, captured if sent

**** End of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet****

Fields that are not used in the Claim Billing/Claim Rebill transactions and those that do not have qualified requirements (i.e. not used) are excluded from the payer sheet.

ELIGIBILITY VERIFICATION (E1) TRANSACTION DATA ELEMENTS
- This client does NOT SUPPORT eligibility verification transactions.

PRIOR AUTHORIZATION (P1, P2, P3) TRANSACTION DATA ELEMENTS
- This client does NOT SUPPORT prior authorization transactions.
- The use of the Prior Authorization Segment is NOT SUPPORTED.

INFORMATION (N1, N2, N3) TRANSACTION DATA ELEMENTS
- This client does NOT SUPPORT informational transactions.

CONTROLLED SUBSTANCE REPORTING (C1, C2, C3) TRANSACTION DATA ELEMENTS
- This client does NOT SUPPORT controlled substance reporting transactions

PARTIAL FILL TRANSACTION REPORTING
- Partial Fill transactions are handled per NCPDP standard

COORDINATION OF BENEFITS REPORTING
- Use of COB Segment data elements is required when alternate insurance exists

COUPON REPORTING
- USE OF THE COUPON SEGMENT DATA ELEMENTS is NOT SUPPORTED
- Submit value of coupon in COB Segment's Other Payer Amount field.

MULTIPLE-INGREDIENT COMPOUND CLAIMS SUBMISSION
- The COMPOUND SEGMENT for multi-ingredient compound claims is supported
- Single-ingredient compound claims are not accepted by this client.

DISPENSING FEE SUBMITTED
- Please include your dispensing fee in field 412-DC

DUPLICATE CLAIM

- Denial reason of 88 DUPRX will post for a duplicate prescription filled at a different pharmacy. Please call the Technical Help Desk if you need more information on the other script causing the conflict.

GENERAL INFORMATION

Live Date:	January 1, 2007 (Version D.Ø Effective 01/01/12)	
Maximum prescriptions per transaction:	4	
Technical assistance, help desk:	(866) 525-5826	SXC Health Solutions, Inc.
Clinical Prior Authorization support:	(866) 525-5827	SXC Health Solutions, Inc.
Toll Free Prior Authorization Fax Number:	(888)-491-9742	SXC Health Solutions, Inc.
Vendor certification required:	No	
Pharmacy Registration with Payer Required:	Yes	
Switch Support:	NDC Health Emdeon/WebMD, eRx, ENVOY, QS1	